

3. Volunteer Areas of Interest

Tell us the areas in which you are interested in volunteering

- | | |
|---|---|
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Mentor |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Optometrist |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Driver | <input type="checkbox"/> Phone Well-being Check |
| <input type="checkbox"/> English Tutor | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Home Visiting | <input type="checkbox"/> Reception/Clerical |
| <input type="checkbox"/> Interpreter | <input type="checkbox"/> Thrift Shop |
| <input type="checkbox"/> Other (please specify) _____ | |

4. Personal References

Personal References (3 required)

Name:	Relationship:	Phone:
_____	_____	_____
Name:	Relationship:	Phone:
_____	_____	_____
Name:	Relationship:	Phone:
_____	_____	_____

5. Things You Want Us to Know

Please tell us a little bit about yourself and your interest in volunteering for The ARK

Thank you for completing this application. Please submit your application by clicking the "Submit" button. You may also print it out and mail or fax it to: Director of Volunteers, The ARK, 6450 N. California Ave., Chicago, IL 60645; fax: 773.973.4362